



TRADE NAME ASSIGNMENT
SECRETARY OF STATE
SFN 53850 (06-2006)

FOR OFFICE USE ONLY

ID#:	
WO#:	
Filed:	By:
Expiration Date:	

1. FILING FEE: \$25.00

TYPE OR PRINT LEGIBLY

SEE INSTRUCTIONS FOR FILING AND MAILING GUIDANCE

For reference, see North Dakota Century Code, Chapter 47-25.

2. Trade Name:

3. Assignor(s): (owner(s) currently recorded with the Secretary of State)

NAME	SOCIAL SECURITY/ FEDERAL ID #	COMPLETE ADDRESS			
		Street/RR	PO Box	City	State Zip+4

4. Trade name is being assigned to be used and owned by: (Select one)

☐ Individual ☐ Corporation incorporated in state of _____

☐ Husband & Wife ☐ Limited Liability Company organized in state of _____

☐ Other - Define (See instructions) _____

5. Telephone number of assignee:

6. Toll-free telephone number:

7. Assignees: The name(s) of the individual(s), corporation, or limited liability company, acquiring the trade name, their Federal ID/Social Security Number, and the address of their principal place of business.

NAME	SOCIAL SECURITY/ FEDERAL ID #	COMPLETE ADDRESS			
		Street/RR	PO Box	City	State Zip+4

8. The nature of the business transacted: (In detail)

9. "The assignor(s) declare(s) he/she is/are the owner(s) of this trade name and hereby assign(s) this trade name to the assignee(s) with the good will of the business connected with the use thereof.

I (We), the assignor(s), say that I (we) have read the foregoing assignment, know the contents thereof, and believe the statements made thereon to be true."

Signature of assignor	Date	Signature of assignor	Date
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10. Name of person to contact regarding this registration:	E-mail address:	Daytime telephone #:
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INSTRUCTIONS FOR TRADE NAME ASSIGNMENT

To transfer ownership of a trade name registered with the Secretary of State, the registrant of record must file a Trade Name Assignment. Upon filing the Trade Name Assignment, the Secretary of State issues, in the name of the assignee, a new certificate for the remainder of the term of the five-year registration, or the last renewal thereof. An assignment filed with the Secretary of State does not extend the registration period. The expiration date is stated on the new certificate.

The following numbers correspond to the numbered sections on the front of this form.

1. The assignment fee is \$25. Checks must be payable to the "Secretary of State" and must be negotiable U.S. funds. Payment may also be made by credit card using VISA, MasterCard, or Discover.
2. Provide the trade name to be assigned.
3. Provide the full name(s) of the assignor(s) with their social security or Federal ID number(s) and complete address(es). The assignor(s) is/are the owner(s) of the trade name as currently recorded with the Secretary of State. If the owner is a corporation, a limited liability company, a limited partnership, a limited liability partnership, or a limited liability limited partnership filed with the Secretary of State, the assignor's name must be identical to that as registered.

Privacy: In compliance with N.D.C.C., Section 47-25-08, social security or Federal ID numbers are not disclosed to the public. They are used by the Secretary of State to maintain accurate trade name registration files. Therefore, while voluntary disclosure is requested, failure to do so will not result in rejection of the registration.

4. Select the organizational structure that best defines the assignee.

A domestic corporation or domestic limited liability company must have articles on file and be in existence with the Secretary of State before a trade name will be accepted for registration. THE REGISTRATION OF A TRADE NAME IS NOT AUTHORITY FOR A FOREIGN CORPORATION OR FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN NORTH DAKOTA. A foreign corporation or foreign limited liability company must secure a certificate of authority before transacting business or obtaining any license or permit in North Dakota.

If the owner is a general partnership, a limited partnership, a limited liability partnership, or a limited liability limited partnership, DO NOT CONTINUE COMPLETION OF THIS FORM UNLESS A FICTITIOUS NAME CERTIFICATE IS ALREADY FILED. A general partnership, limited partnership, limited liability partnership, and limited liability limited partnership is required by law to file a Fictitious Name Certificate which achieves the same purpose of name protection (see North Dakota Century Code, Chapter 45-11). A blank form for the Fictitious Name Certificate can be obtained by contacting the Office of the Secretary of State.

If the owner of the trade name is an organizational structure defined as "other" and not mentioned above, the acceptance of a trade name will be assessed on a case-by-case basis. Clearly define any business structure classified as "other". Select the organizational structure that best defines the assignee.

5. The telephone number of the assignee's principal place of business is required.
6. If the assignee has a toll-free telephone number, please provide it.
7. Provide the full name(s) of the assignee(s), their social security or Federal ID number(s), and complete mailing address(es). If a corporation or limited liability company is the new owner or user of the trade name, provide the name of the corporation or limited liability company in this number. (See **Privacy** statement in number 3.)

If a corporation or limited liability company is registered with the Secretary of State, the principal place of business address must correspond to that declared in the separate corporate or limited liability company registration with the Secretary of State. Any future name change required for the separate registration of the owner will require a simultaneous change to the trade name registration. When notice is received in the form of an annual report of an owner indicating that the address of the principal place of business is changed in the separate registration, such notice automatically effects a change of address in the Trade Name Registration.

8. Provide a detailed description of the nature of business the new owners will transact under the trade name.
9. The assignment must bear signatures of all assignors listed in number 3.
10. Provide the name, email address, daytime telephone number, and extension, if any, of the person to contact for any issues related to this application. Having a contact person will save you time and money if this office has questions or needs additional information for filing the assignment.

EXPEDITING PROCESS: If the assignment is submitted by someone other than the assignor provide a cover letter with the name and telephone number of the responsible individual so that any deficiencies on the form can be remedied by telephone.

Name:									
Address:					City:			State:	Zip Code:
<input type="checkbox"/> VISA <input type="checkbox"/> Master Card <input type="checkbox"/> Discover					Signature: (Required by credit card companies)				
Account Number: <div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> </div>									
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